

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/534130

FILING DATE

5-6-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1-				
3		1-				
4		1-				
5		2-				
6		1-				
7		1-				
8		1-				
9		1-				
10		1-				
11		1-				
12		1-				
13		1-				
14		1-				
15		1-				
16		1-				
17		1-				
18		1-				
19		1-				
20		1-				
21		1-				
22		1-				
23		1-				
24		1-				
25		1-				
26		1-				
27		1-				
28	1					
29		1-				
30		1-				
31		1-				
32		1-				
33		2-				
34		2-				
35	1					
36	1					
37	1					
38	1					
39						
40				1-		
41				1-		
42				1-		
43				2-		
44				1-		
45				1-		
46				1-		
47				1-		
48				1-		
49				1-		
50				1-		
TOTAL IND.	6					
TOTAL DEP.	35					
TOTAL CLAIMS	41					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				1-		
52				1-		
53				1-		
54				1-		
55				1-		
56				1-		
57				1-		
58				1-		
59				1-		
60				1-		
61				1-		
62				1-		
63				1-		
64				1-		
65				1-		
66			1			
67				1-		
68				1-		
69				1-		
70				1-		
71				2-		
72				2-		
73			1			
74			1			
75			1			
76			1			
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91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			6			
TOTAL DEP.			35			
TOTAL CLAIMS			41			